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23630 7590 07/15/2005

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10/12/2005 CCHAU2 00000078 501133 10706223

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Keiko Nakagawa (Depositor's name)
Keiko Nakagawa (Signature)
 10-6-2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/706,223	11/12/2003	Ssang-gi Kim	AJUL-110DV (49921-037)	6316

TITLE OF INVENTION: COLORED CONTACT LENS AND METHOD FOR MANUFACTURING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	10/17/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
VARGOT, MATHIEU D	1732	264-001700

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

McDermott Will &
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MI Gwang Contact Lens Co., Ltd.**Kyungsan City, Republic of Korea**Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies **10**

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- ☐ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **50-1133** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Mark G. Lappin

Date

6 OCTOBER 2005

Typed or printed name

Registration No.

26,618

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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ATTORNEY DOCKET NO. AJUL-110DV (49921-037)
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	Ssang-gi KIM		
Serial No.	10/706,223		
Filed	November 12, 2003		
Title	Colored Contact Lens and Method for Manufacturing the Same		
Examiner	Mathieu D. Vargot	Date Due:	October 17, 2005
Group Art Unit	1732	Confirmation No.	6316

MS: Issue Fee
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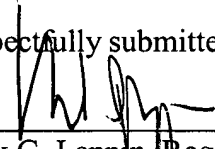
Dear Sir:

Transmitted herewith for filing is the following document:

- ☒ Issue Fee Transmittal Form (Part B); and
- ☒ Return Postcard

Please charge the Issue Fee (\$700.00), Publication Fee (\$300.00), and Advance Order Copies (\$30.00) to our Deposit Account No. 50-1133. The Commissioner is hereby authorized to charge any additional fees which may be required or credit any overpayment to Deposit Account No. 50-1133. For this purpose, a duplicate of this document is enclosed.

Respectfully submitted,


By: 
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Date: October 6, 2005

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10-6-2005
Date


Keiko Nakagawa